

Waiting List Form

Enrollment Information

Today's Date: _____ Desired Start Date: _____

Child Information

Name of Child (Last, First, Middle Initial): _____

Child's Date of Birth: _____

Address (Number and Street, Building/Apartment Number): _____

City, State, Zip Code: _____

Parent/Legal Guardian's Name: _____ Primary Phone: _____

Home Address (if not child's address): _____

City, State, Zip Code: _____

Email Address: _____

Parent/Family Information

Parent is a student at Andrews University?

Parent is an employee of AU/AA/RMES?

Parent is a member of any local SDA church? Church Name: _____

Siblings attend AU, AA or RMES? If Yes, Child's Name & Grade: _____

Desired Schedule

Monday

Tuesday

Wednesday

Thursday

Friday

Please schedule on the half hour.

*We do not accommodate arrivals between 11:00
am and 3:00 pm.*

Center hours: 6:45 am—6:00 pm M, T, TH
6:45 am—6:30 pm W.
6:45 am—4:30 pm F

Child's Classroom at Time of Desired Start Date:

Infants (2 weeks - 11 months)

Young Toddlers (12 months - 23 months)

Older Toddlers (24 months - 35 months)

Preschool * (36 months until 4 years)

Pre-K* (4 years until 5 years)

Young 5s* (5 years until 6 years)

Summer Camp* (6 years—12 years)

*** must be fully potty trained to enroll.**

How did you hear about us?

Referral _____

Online

Other _____